

Drint your name

Print your name:								
-	Last	First		Middle	ID Number			
Section A. Selv You fror Insi O O O O	Last 1: Select Basic Regist ect educational sessions in ir fee includes <u>12 hours</u> of n any Opening Session, Ho ights and/or Numbered ses Mon., 8:00–9:30 a.m. Mon., 10:00–11:30 a.m. Mon., 2:00–3:00 p.m. Mon., 3:15–4:15 p.m. Mon., 4:30–5:30 p.m. Tues., 7:00–8:30 a.m.	ration Fee Events cluded in your basic registration fee. education sessions. You can select t Topic, Master Series, Leadership sions. Opening Session (1.5 hours)	C.	 Complimentary Events <i>continued</i> CEO-Exclusive Discussion session Mon., 10:00–11:30 a.m. Tues., 9:00–10:30 a.m. Fellow-Exclusive Discussion session Mon., 2:00–3:00 p.m. Tues., 2:00–3:00 p.m. Wed., 2:00–3:00 p.m. Wed., 2:00–3:00 p.m. Fellows "After Hours" Networking Rec Mon., 9:00–10:00 p.m. Association of University Programs in 	(Fellows only) eption (Fellows only)			
	Tues., 2:00–3:00 p.m. Tues., 3:15–4:15 p.m. Tues., 4:30–5:30 p.m. Wed., 7:00–8:30 a.m. Wed., 9:00–10:30 a.m. Wed., 10:45–11:45 a.m.	Hot Topic (1.5 hours)		 (AUPHA)/ACHE Joint Address Tues., 7:00-8:30 a.m. Joint Federal Sector Networking Receles Tues., 7:00-8:00 p.m. Provider C-Suite Networking Breakfast Wed., 7:00-8:30 a.m. Thomas C. Dolan Diversity Address Wed., 7:00-8:30 a.m. Richard J. Stull Essay Competition in Wed., 8:45-10:15 a.m. Joint Federal Sector Awards Breakfast Thurs., 7:00-8:30 a.m. 	(Provider C-Suite only) Healthcare Management			

Select one luncheon only.

- O Arthur C. Bachmeyer Memorial Address & Luncheon, Mon.
- O Malcolm T. MacEachern Address & Luncheon, Tues.
- Leon I. Gintzig Commemorative Address & Luncheon, Wed. Ο

Please select which receptions you will attend. Your registration includes both Monday and Wednesday Networking Receptions.

- O Monday Networking Reception
- O Wednesday Networking Reception
- List four alternate education sessions, in order of preference, in case Β. your first choices are full.
- **Complimentary Events** C.
 - Select to attend any of the following:

Speed Networking and First-Time Congress Attendees Orientation

- O Sun., 5:00–5:45 p.m.
- O Mon., 7:00–7:30 a.m.
- "Better Together" Joint Diversity and Inclusion Networking Reception
- O Sun., 5:30–7:00 p.m.

Total fee for Additional Seminars: \$

Section 2: Purchase Additional Seminars

Section 3: Purchase Boot Camps

Sun., 9:00 a.m.-12:00 p.m.

- O Triad Leadership Intensive Boot Camp ASA*
- Sun., 9:00 a.m.-4:00 p.m.
 - O CEO Boot Camp
 - O COO Boot Camp
 - O Cracking the Healthcare Leadership Code Boot Camp

List any additional 1-hour or 1.5-hour seminars you would like to purchase.

1-hour seminars are \$150 each and 1.5-hour seminars are \$225 each.

- O Driving a Long-Term Culture of Successful Boot Camp
- O Emerging Executive Boot Camp
- O Future-Focused Strategic Planning Boot Camp SHSMD
- O Leading for Quality as a Business Strategy Boot Camp NAHQ
- O Navigating Net Zero Boot Camp
- O The Next Frontier: Physician Leadership Boot Camp WittKiefer

Boot Camp Fees:	Member: \$900	* Member: \$450	
	Nonmember: \$1,050	* Nonmember: \$500	

Total fee for Boot Camps: \$ _____

 International Network Physician Executive N Women Healthcare Ex 	Its Forum Networking Reception (Tues.): \$90 ing Reception (Tues.): \$90 Networking Reception (Tues.): \$90 xecutives Address (Tues.): \$90 Tues.): FREE to CEO Circle members;	Section 6: Basic Registration Fee My ACHE status/Congress basic registration fee (for events in Section 1) is: Member Early: \$1,650 Nonmember Early: \$1,800 Member: \$1,950 Nonmember: \$2,100 Life Fellows/Retired Fellows: Complimentary				
Total fee for Special Ev	vents: \$	Early bird registration is available through Thursday, February 29.				
Grand total for Extra A	d up to 1 guest for \$250.	Calculate Your Fees Here: Registration fee (Section 6) \$ Extra activities fee (total from Sections 2 through 5) \$ Total Registration Fee \$				
Section 7: Personal In Please PRINT your name a	formation is it appears on your ACHE record or your maili	ng label.				
Last	First	Middle	ID Number			
Nickname (How your first	name will appear on your Congress badge)					
Title		Organization				
Address						
City/State/Zip		Country				
Mobile Phone	Fax	Email				
Is this your ${\mathcal O}$ Home or ${\mathcal O}$	Business Address?					
Emergency Contact Name		Mobile Phone				
ADA Requirements						

Section 8: Payment

Payable in U.S. dollars or equivalent Canadian currency. Purchase orders are accepted from the Department of Veterans Affairs/uniformed services only. O I have enclosed a check made payable to the Foundation of the American College of Healthcare Executives.

To avoid double charges or duplicate registrations, please register using one method only (online OR I am associated with the Department of Veterans Affairs/ or mail). Payment by credit card (Visa, MasterCard, American Express and Discover accounts only) uniformed services and: is only accepted online. If paying by check, your registration will not be processed until the check Ο My purchase order is attached. has been received. **Cancellations**: To receive a refund or credit toward another ACHE educational O I will pay on-site. event minus a processing fee, please provide a written cancellation to contact@ache.org no later than March 8, 2024. A \$100 processing fee for Member/Fellow, Executive Pass and Nonmember Mail this registration form with your payment to: registration and \$50 processing fee for HEN Program Director and Student Associates will be Foundation of the American College of Healthcare Executives charged for all cancellations. After March 8, all refunds/credits are forfeited. Event Terms and 3376 Eagle Way, Chicago, IL 60678-1033 **Conditions**: By registering for the 2024 Congress on Healthcare Leadership, you agree to abide by the Event Terms and Conditions outlined at ache.org/EventTerms.